

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF LABOR AND TRAINING
DIVISION OF PROFESSIONAL REGULATION

HOISTING ENGINEERS APPLICATION

***** INSTRUCTIONS – PLEASE READ CAREFULLY *****

APPLICATIONS WILL NOT BE REVIEWED BY THE DEPARTMENT OF LABOR AND TRAINING
IF THE FOLLOWING DIRECTIONS ARE NOT ADHERED TO

- 1) **TWO (2)** head and shoulders **PHOTOGRAPHS** (Passport type) must be submitted with this application.
- 2) Your application must be **SIGNED AND NOTARIZED**.
- 3) **APPLICATION FEE OF \$75.00** is required to process your application. **This is a NON-REFUNDABLE APPLICATION FEE.** Check should be made payable to the **GENERAL TREASURY/STATE OF RI.**
- 4) Work Experience – A separate, detailed, notarized statement, on **COMPANY LETTERHEAD**, of all work related experience. (All equipment you have trained and operated on should be attached to this application)
- 5) The **Recommended Study Material** is listed below but is not limited to:
 - A) www.digsafe.com and www.osha.gov
 - B) Operating Techniques for the Tractor-Loader-Backhoe* (revised edition)
Gary J. Ober
 - C) Forklifts* (first edition) – Crane Institute of America
 - D) Mobile Craning Today* (fifth printing) – DH Campbell
 - E) IPT's Crane and Rigging Training Manual* - Ronald G. Garby

*** All Recommended Study Material may be purchased by contacting:
Training & Inspections Resource Center
9428 Old Pacific Highway, Woodland, WA 98674
(888)-567-8472**

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DEPARTMENT OF LABOR AND TRAINING
DIVISION OF PROFESSIONAL REGULATION
1511 PONTIAC AVENUE - BUILDING 70 - P.O. BOX 20247
CRANSTON, RHODE ISLAND 02920-0943
(401)462-8580 FAX (401)462-8528 TDD (401)462-8006
www.dlt.state.ri.us

HOISTING ENGINEERS

*** APPLICATION FOR EXAMINATION AND APPRENTICE CARD ***
APPLICATION MUST BE CLEARLY PRINTED

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SOCIAL SECURITY NUMBER

--	--	--

LAST NAME

FIRST NAME

MI

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STREET ADDRESS

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CITY/TOWN

STATE

ZIP

--	--	--	--	--	--	--	--	--	--

HOME OR MOBILE TELEPHONE

DATE OF BIRTH

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EMPLOYER

--

IF SELF-EMPLOYED - COMPANY NAME

--

STREET ADDRESS

--	--	--	--

CITY/TOWN

STATE

ZIP

--	--	--	--	--	--	--	--

EMPLOYER TELEPHONE

EXAMS APPLYING FOR:

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ENDORSEMENT

COMPUTER CODE

--	--

ENDORSEMENT

COMPUTER CODE

FOR OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW

<p>TEST FEE PAID CHECK CASH MO</p> <p>DATE PAID</p>	<p>DIVISION/COMMISSION APPROVAL FOR TEST</p> <p>COMMENTS / DATE APPROVED</p>
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Applicant must answer all questions on both pages truthfully and swear to the same before a NOTARY PUBLIC. Penalties for false information are as itemized in the General Laws of Rhode Island and Addendum.

Statement may be investigated and verified for truthfulness.

GENERAL LISTING OF WORK HISTORY

NAME OF EMPLOYER	FROM/TO	TYPE OF WORK
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

List all education and schooling received in the hoisting engineer trade.

LOCATION	FROM/TO	DEGREE/DIPLOMA
_____	_____	_____
_____	_____	_____
_____	_____	_____

YOU MUST LIST ANY VALID LICENSE YOU NOW HOLD WITH THIS DIVISION AND A COPY OF YOUR OUT-OF-STATE LICENSES.

_____ TYPE OF LICENSE	_____ TYPE OF LICENSE	_____ TYPE OF LICENSE
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Listed employer or customer may be sent forms to attest to the truthfulness of all statements on this application and these will have to be sent back to this division, properly notarized, before any action is taken on this licensing test application.

APPLICANT SIGNATURE

DATE

NOTARY SIGNATURE / EXPIRATION DATE

NOTARY SEAL

NON-REFUNDABLE PROCESSING APPLICATION FEE

<u>HOISTING (REGULAR)</u>	COMPUTER CODE	TEST FEE	LICENSE & RENEWAL FEE
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ENDORSEMENT:

Full License (see notes A & B)	140	\$ 75	\$ 48
Lattice Crane (see note B)	141	\$ 75	\$ 42
Hydraulic Cranes (see note B)	142	\$ 75	\$ 42
Aerial Lift	143	\$ 75	\$ 42
Overhead Electric Crane	144	\$ 75	\$ 42
Conveyor Belt	145	\$ 75	\$ 42
Concrete Pump/Screeding Equipment	146	\$ 75	\$ 42
Fork Lift/Construction (see note C)	147	\$ 75	\$ 42
Pay Loader/Back Hoe/Excavating Equipment	207	\$ 75	\$ 36
Drilling Rig	208	\$ 75	\$ 36

Note A. Must hold valid RI Hoisting (Regular) License for a minimum of two (2) years.

Note B. Must possess a valid Health Card in accordance with Federal Motor Carrier Safety Regulations (49CFR 391.41-391.49)

Note C. Must submit a copy of Federal OSHA Forklift certification in accordance with Powered Industrial Trucks Regulation (29CFR 1910.178)

HOISTING (LIMITED)

ENDORSEMENT:

Hydraulic Trucks/Delivery Only	100	\$ 75	\$ 30
Lattice Crane	101	\$ 75	\$ 30
Hydraulic Cranes	102	\$ 75	\$ 30
Overhead Electric Crane	103	\$ 75	\$ 30
Crane/Sign/Limited	105	\$ 75	\$ 30
(Installation and Removal of Sign/Crane) Aerial Lift/Limited	106	\$ 75	\$ 30
Pay Loader/Back Hoe/Excavating Equipment	204	\$ 75	\$ 30